

NON-HAZARDOUS WASTE TRANSPORTER PROGRAM

CATEGORY "A" WASTE

Category "A" waste includes scrap tires, construction/demolition debris and special waste. Below is a definition of each waste.

SPECIAL WASTE. Any solid waste generated by sources other than domestic and typical commercial establishments that exists in such an usual quantity or in such a chemical or physical state, or any combination thereof, that may disrupt or impair effective waste management or threaten the public health, human safety or the environment and requires special handling, transportation and disposal procedures. Special waste includes, but is not limited to:

- oil, coal, wood and multifuel boiler and incinerator ash;
- industrial and industrial process waste;
- wastewater treatment plant sludge, paper mill sludge and other sludge waste;
- debris and residuals from non-hazardous chemical spills and cleanup of those spills;
- contaminated soils and dredge spoils;
- asbestos and asbestos-containing waste;
- sandblast grit and non liquid paint waste;
- high and low pH waste;
- spent filter media waste;
- shredder residue; and
- other waste designated by the board, by rule.

SCRAP TIRES. Any used, scrap, or otherwise discarded rubberized vehicle tires, including whole tires as well as products derived from the processing of whole tires which may include, but not be limited to, shredded or chipped tires or crumb rubber.

CONSTRUCTION/DEMOLITION DEBRIS. Any solid waste resulting from construction, remodeling, repair, and demolition of structures. It includes but is not limited to: building materials, discarded furniture, asphalt, wall board, pipes, and metal conduits. It excludes: glues, tars, solvents, resins, paints, caulking, or their containers; asbestos; and other special wastes.

NON-HAZARDOUS WASTE TRANSPORTER
QUARTERLY REPORT

CATEGORY "A" WASTE

Pursuant to 38 M.R.S.A. Sections 1304(1) and Section 1304(1-A), Department Regulations Chapter 411, and the terms of your license, you must submit to the Department on a quarterly basis, copies of all Non-Hazardous Waste manifests transported during the quarter. Please attach this summary sheet to your submittal. Thank you.

COMPANY NAME: _____

COMPANY ADDRESS: _____

QUARTERLY REPORT FOR: JAN-MAR APR-JUN JUL-SEP OCT-DEC
(please circle appropriate quarter)

TYPE OF WASTE _____ TOTAL VOLUME _____

Please submit all manifests and this summary sheet no later than 15 days after the end of the quarter to:

Department of Environmental Protection
B.H.M.S.W.C. \ Non-Hazardous Waste Transporter
State House Station #17
Augusta, ME 04333

CATEGORY

A

STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NONHAZARDOUS WASTE TRANSPORTER
MANIFESTNONHAZARDOUS WASTE TRANSPORTER
DECAL NUMBER

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GENERATOR (SOURCE)

WASTE TYPE

NAME _____

() SPECIAL WASTE (specify) _____

ADDRESS _____

() SCRAP TIRES

TOWN _____ PHONE _____

() CONSTRUCTION/DEMOLITION DEBRIS

TRANSPORTER

DISPOSAL FACILITY OR SITE

NAME _____

CODE

--	--	--	--	--	--	--	--	--	--

ADDRESS _____

NAME _____

TOWN _____ PHONE _____

LOCATION _____

QUANTITY LOADED _____

PHONE _____

DATE LOADED _____

QUANTITY RECEIVED _____

DRIVER'S NAME _____

DATE RECEIVED _____

By signing this manifest form I certify that the information
contained herein is true, correct, and accurate to the
best of my ability.

DRIVER'S SIGNATURE _____

OPERATOR'S NAME _____

DATE SIGNED _____

OPERATOR'S SIGNATURE _____

DATE SIGNED _____

See Instructions on the back of this form

OTHER INFORMATION:

INSTRUCTIONS FOR CATEGORY A MANIFESTS

General Instructions: All entries must be legibly printed or typed.

Nonhazardous Waste Transporter Decal Number: This is the number that appears on your license and on the decal attached to your conveyance.

Generator: **NAME** and **TOWN** are required. TOWN refers to the municipality to which the Generator pays taxes.

Transporter: Company **NAME** is required. If the decal number is filled in above, the address and phone number are optional. **QUANTITY LOADED, DATE LOADED, DRIVER'S NAME, DRIVER'S SIGNATURE** and **DATE SIGNED** are required.

Waste Type: You must check one of the three types. Specify waste if waste type is a special waste.

Disposal Facility or Site: If facility **CODE** is known, enter the number. **NAME** and **LOCATION** are required, **PHONE** is optional. **QUANTITY RECEIVED, DATE RECEIVED, OPERATOR'S NAME, OPERATOR'S SIGNATURE** and **DATE SIGNED** must be filled in by the disposal facility operator.

The top page of the manifest form should be kept for the transporter's records. **THE SECOND PAGE OF THE MANIFEST MUST BE RETURNED TO THE DEP WITHIN FIFTEEN DAYS AFTER THE END OF EACH FISCAL QUARTER.** (Manifests must be received by April 15, July 15, October 15, and January 15.)

Send manifests to:

DEP NHW Manifests
State House Station 17
Augusta, Maine 04333

Call (207) 287-2651 if you have any questions.